

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37960
 Registrar's No. 329

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>329</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>HUGHESVILLE,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL MEMORIAL HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>HUGHESVILLE,</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>CAREY</u>	b. (Middle) <u>E</u>	c. (Last) <u>WHITMIRE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 25, 1883</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>HERMAN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William P. Leicher</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Walch</u>		14. NAME OF HUSBAND OR WIFE <u>Ed. Whitmire</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Major Whitmire, Rt #2 Hughesville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease.</u> ANTECEDENT CAUSES Asterisk conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Cerebral Hemorrhage- Rt Hemiplegia. 2 years.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years.</u> <u>473X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Over 5 years, 19</u> , to <u>December 3rd, 1950</u> , that I last saw the deceased alive on <u>Dec. 2nd, 1950</u> , and that death occurred at <u>3 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>12-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crwon Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-5-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Sedalia Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0804
0

RECEIVED 12/11/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-11-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed *Robert L. Fuller*

Licensed Embalmer No. 4818

P. O. Address *Hidalgo Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.